CANDIDATE / OFFICEHOLDER

FORM C/OH COVER SHEET PG 1

CAMPAIG	N FINANCE REPORT	Cover Sheet pg 1
The C/OH INSTRUCTION this form.	ON GUIDE explains how to complete 1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS MRS / JANA W.	OFFICE USE ON
NAME	NICKNAME LAST SUFFIX - WOLFF -	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE APJ 10 GTOD, TX 76094	Date Hand-delivered or Date Postorarked
Change of Address	Theorie City	
5 CANDIDATE/ OFFICEHOLDER PHONE	area code phone number extension $(8/7)$ $274-5972$	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR CFIRSTACLES NICKNAME LAST SUFFIX	Date Imaged
	- LEACH M.D.	
7 CAMPAIGN TREASURER ADDRESS (Residence or business	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE # O POITY: STATE: SUITE 615 ARLYDO	570N, TX 76012
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) $460 - 0257$	
9 REPORTTYPE	January 15 30th day before election Runoff July 15 8th day before election Exceeded \$500 limit	15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
	July 15 Sth day before election Exceeded \$500 limit Month Day Year Month Da	
10 PERIOD COVERED	incinit i coi	0/2005
11 ELECTION	ELECTION DATE ELECTION TYPE	General Special
12 OFFICE	O5/07/2005 Primary Runoff OFFICE HELD (if any) CITY COUNCIL DIST. 5 13 OFFICE SOUGHT (if kn	iown)
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the c Candidates are required to disclose this information only if they receive notification of the c	
EXPENDITURE BY OTHER INDIVIDUALS	Name W/A	
	Address / PO Box; Apt. / Suite #; City; State; Zip Code	
additional pages		
	GO TO PAGE 2	

Texas Ethics Commission

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

(512)463-5800

15 C/OH NAME		TNA W. WOLFF 16A	CCOUNT # (Ethics Commission filers)
17 NOTICE FROM POLITICAL	This box is for not may have been made.	tice of political expenditures by political committees to support the candidate / p without the candidate's or officeholder's knowledge or consent. Candidates are f they receive notice of such expenditures.	officeholder. These expenditures ad officeholders are required to report
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME	
	GENERAL	COMMITTEE ADDRESS	
	SPECIFIC		
additional pages		COMMITTEE CAMPAIGN TREASURER NAME	
		COMMITTEE CAMPAIGN TREASURER ADDRESS	
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0
		. POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 5,700.00
EXPENDITURE TOTALS	3. TOTAL	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$
•	4. TOTAL	POLITICAL EXPENDITURES	\$ 21,040.42
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY ORTING PERIOD	\$ 21,040.42 \$ 1,485.29
OUTSTANDING LOANTOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ -0 -
AFFIX NOTARY STAM	bed before me, by	me under Title 15, Election Code. ic XAS 20/2009 Signature of Candidate the said	nation required to be reported by
of July , 2	5, Bay	rtify which, witness my hand and seal of office. **Title of the control of the c	Officer administering oath

P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 1-800-325-8506 Texas Ethics Commission **POLITICAL CONTRIBUTIONS** SCHEDULE A OTHER THAN PLEDGES OR LOANS 1 Total pages Schedule A The Instruction Guide explains how to complete this form. 2 FILER NAME 7 Amount of In-kind contribution 8 contribution (\$) description (if applicable) Principal occupation / Job title (See Instructions Amount of In-kind contribution description (if applicable) contribution (\$) Principal occupation / Job title (See Instructions out-of-state PAC (ID#:____ In-kind contribution contribution (\$) description (if applicable) Amount of In-kind contribution contribution (\$) description (if applicable) AC ARLINGTON, INC. ddress; City; State; Zip Code Principal occupation / Job title (See Instructions) Employer (See Instructions)

In-kind contribution Amount of description (if applicable) contribution (\$) DAN GOULD, JR.

Contributor address; City; State; Zip Code PAN

3053 BELLAIRE PAN Employer (See Instructions) Principal occupation / Job title (See Instructions)

Texas Ethics Commission	P.O. Box 12070 Aus	tin, Texas 78711-2070	(512) 463-	<u>5800 1-800-325-8506</u>
POLITICAL COI OTHER THAN F	NTRIBUTIONS PLEDGES OR LOAI	NS	¥	SCHEDULE A
The Instruction Guide explain:	s how to complete this form.		1 Total pages Schedu	ile A:
2 FILER NAME LAN	IA W. WOL	CF	3 ACCOUNT # (Ethics	s Commission filers)
	of contributor ovi-of-state PAC (ID	*CLUB	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
	raddress: City; State; Zip Coo 4 BRENTWOOD ORTH, TX 76 116		250.00	
9 Principal occupation / Job title		10 Employer (See In	structions)	
057, GER	of contributor out-of-state PAC (ID ALDINE MILLS	5	Amount of contribution (\$)	In-kind contribution description (if applicable)
706/05 Contributo 507	raddress; City; State; Zip Co. 5, CENTER 1N9 to N, TX		25.00	
		760 / O Employer (See In	structions)	
Principal occupation / Job title	(Gee manucions)	Zimpioyer (3ee in		
	of contributor out-of-state PAC (ID)		Amount of contribution (\$)	In-kind contribution description (if applicable)
06/ Contributo 630	or address: City; State; Zip Co 8 Ed IN BURG EY VILLE, TX	HDR.	200.00)
Principal occupation / Job title	(See Instructions)	Employer (See In	structions)	
1	of contributor Poul-of-state PAC (IE		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contribute 341 April	or address; City; State; Zip Co COLLARD K NGTON, TX	2D, 76017	500.00	
Principal occupation / Job title	(See Instructions)	Employer (See Ir	nstructions)	
057 , LA	of contributor out-of-state PAC (IE		Amount of contribution (\$)	In-kind contribution description (if applicable)
05 350 ARI		KE CIR. 16016	100.00)
Principal occupation / Job title	(See Instructions)	Employer (See Ir	nstructions)	
	ATTACH ADDITIONAL COP	PIES OF THIS FORM	AS NEEDED	

OTHER THAN PLEDGES OR LOANS	SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME LANA W. WOLFF	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#:	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
12/6 Contributor address; City; State: Zip Code 6948 W. PoLY WEBB ARLINGTON, TK 76018	500.00
9 Principal occupation / Job title (See Instructions) 10 Employer (Se	ee Instructions)
Date Full name of contributor out-of-state PAC (ID#) Amount of In-kind contribution contribution (\$) description (if applicable)
12/ Contributor address; City: State; Zip Code ACRES 4604 WOODED ACRES ARLINGTON, TX 7601	
	ee Instructions)
Date Full name of contributor DENN/5 Contributor address; City; State; Zip Code) Amount of contribution (\$) In-kind contribution description (if applicable)
705 369 WEST HILL DR. ALEDO, TX 76008	50,00
Principal occupation / Job title (See Instructions) Employer (S	ee Instructions)
Date Full name of contributor Out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
12/ Contributor address; City; State; Zip Code 975 ONE LINCOLN CEN DALLAS TV 75240	UNE 2000,00
	See Instructions)
Date Full name of contributor Out-of-state PAC (ID#	Amount of In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 1601 UNIVERSITY DE. ADLIA GODA	3 100.00
Meriod Williams	See Instructions)
ATTACH ADDITIONAL COPIES OF THIS FO	RM AS NEEDED

1-800-325-8506

Austin, Texas 78711-2070

SCHEDULE F POLITICAL EXPENDITURES 1 Total pages Schedule F The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) W. WOLFF 2 FILER NAME FEDEX KINKO'S 6 Payee address; City: State: Zip Code 1400 E. COPELAND PL ARLINGTON, TX 76011 Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH ... required.) CAMPAIEN LETTER -PRINT + FOLD Office held Candidate / Officeholder name T. KAYOE Payee address; City; State; Zip Code 610 GRAND AVE ARLINGTON, TX 76010 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office held Candidate / Officeholder name T-SHIRTS Amount Date Purpose of payment (See instructions regarding type of information .. Complete if direct expenditure to benefit C/OH ... ROHLED WATER Office held Candidate / Officeholder name Office sought PLASTIC BAGS Amount Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office held Candidate / Officeholder name Office sought STAMPS ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

1-800-325-8506

Austin, Texas 78711-2070

POLITICAL EXPENDITURES SCHEDULE F 1 Total pages Schedule F The INSTRUCTION GUIDE explains how to complete this form. 2 of 2 W. WOLFF ACCOUNT # (Ethics Commission filers) FILER NAME Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office sought Office held required.) Candidate / Officeholder name MURPHY TURNER + ASSOC Payee address; City: State: Zip Code AVE. # 1160 Amount Date AUSTIN, TX 78701 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Office held Candidate / Officeholder name CAMPAIGN FEES Y MATERIALS Amount Date Payee address; City; State; Zip Code 208 BLAIR LN. (\$) ARLINGTON, TX 76014 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · Office sought Office held Candidate / Officeholder name AMPAIGN MANDAGEMENT, LABORY EXPENSES Amount MURPHY TURNER + ASSOC. Payee address; City: State: Zip Code AVE # 1160 AUSTIN, TX 78701 Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· Office sought Office held Candidate / Officeholder name MATERIALS

_	CAL EXPENDITURES FROM PERSONAL FUNDS	SCHEDULE G
The Instruction	Guide explains how to complete this form.	pages Schedule G:
FILER NAME	LANA W. WOLFF 3 ACCO	DUNT # (Ethics Commission filers)
257	5 Payee name Murphy Turner + A580 (6 Payee address; City; State; Zip Code 816 Concress AVE. #116	8 Amount (\$) 60 2,500.00
/05	7 Purpose of expenditure (See instructions regarding type of information required.) CAMPAIGN FEE	Reimbursement from political contributions intended
Date	Payee name Payee address; City: State: Zip Code	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
,	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political contributions intended
Date	Payee name	Amount (\$)
	Purpose of expenditure (See instructions regarding type of information required.)	Reimbursement from political

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTION this form.	Guide explains how to complete (Ethics Commission filers)	2 Total pages filed:			
3 CANDIDATE / OFFICEHOLDER NAME	MS MRS/NR FIRST MI LANA W.	OFFICE USE ONLY			
10 1012	NICKNAME LAST SUFFIX	Date Received			
	- WOLFF -	05			
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE P.O. BOX 14374	Date Hand-delivered or Date Postmarked			
Change of Address	ARLINGTON, TX 76094				
5 CANDIDATE/ OFFICEHOLDER	AREA CODE PHONE NUMBER EXTENSION	<u>မ</u> မ			
PHONE	(8)7) 274-5972 —	Receipt # Amount			
6 CAMPAIGN TREASURER	MS/MRS/MR EJRST ALES MI	Date Processed			
NAME	NICKNAME LAST SUFFIX	Date Imaged			
	- LEACH M.D.				
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY: STATE; 101 N. WALDRUP ARLINGTON SUITE 615	zip code 0, 7x 76012			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (817) $460-0257$				
9 REPORT TYPE	January 15 30th day before election Runoff	15th day after campaign treasurer appointment (officeholder only)			
	July 15 8th day before election Exceeded \$500 limit	Final report (Attach C/OH - FR)			
10 PERIOD COVERED	Month Day Year THROUGH 04/27	Year / 2005			
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year				
,	05/07/2005 Primary Runoff	General Special			
12 OFFICE	OFFICE HELD (if any) CITY COUNCIL DIST. 5 CITY COUN	weik 213T. 5			
14 NOTICE OF DIRECT CAMPAIGN	Direct campaign expenditures are campaign expenditures made by others without the car Candidates are required to disclose this information only if they receive notification of the direction of the direction.				
EXPENDITURE BY OTHER INDIVIDUALS	Name				
	Address / PO Box; Apt. / Suite #, City, State; Zip Code				
additional pages	·				
GO TO PAGE 2					

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	LANA	WOLFF 16	ACCOUNT # (Ethics Commission filers)	
17 NOTICE FROM POLITICAL	•• This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures.			
COMMITTEE(S)	COMMITTEE TYPE COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS		
	SPECIFIC			
additional pages		COMMITTEE CAMPAIGN TREASURER NAME		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	\$ -0-	
		POLITICAL CONTRIBUTIONS THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 9,605.00	
EXPENDITURE TOTALS	3. TOTAL F	POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED	\$ 0	
	4. TOTAL	POLITICAL EXPENDITURES	\$ 7,644,96	
CONTRIBUTION BALANCE	,	POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY DRTING PERIOD	\$ 14, 125.71	
OUTSTANDING LOAN TOTALS		PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE AY OF THE REPORTING PERIOD	\$ -0-	
19 AFFIDAVIT				
	KAREN BAF	Title 45 Floation Code	, , ,	
	Notary Pub STATE OF TE My Comm. Exp. 05.	ic XAS (20/2005	Walth and the confice of the confice	
AFFIX NOTARY STAMI Sworn to and subscrib		the said WOLFF	this the <u>2912</u> day	
of ADRIL, 2		tify which, witness my hand and seal of office.	•	
Signature of officer ad	Skallo Iministering oath	Note that the second of the se	ARY DU DIC	

SCHEDULE A

The Instruction	Guide explains how to complete this form.		1 Total pages Sched	dule A: //
2 FILER NAME	LANA W. WO	LFF	3 ACCOUNT # (Ethi	cs Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_Curtis L. Felkne		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/30/05	6 Contributor address; City; State; Zip Code 2/04 Coffice Ln. Aulins for TX 76	6010	25,00	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/30/05	Contributor address; City; State; Zip Code J401 N. Fielder K. Arling ton, TX 76	_	50.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Roger De Frang)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/30/05	Contributor address; City; State; Zip Code 2200 Shady Vicw Arling fon, Tx	•	50.00	
Principal occur	Arling for , / X Topation / Job title (See Instructions)	Employer (See In	structions)	
				T
Date	Full name of contributor out-of-state PAC (ID#:_	1050n	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/30/05	Contributor address; City; State; Zip Code 2009 Winter Sanda Arling ton, TX	76012	50.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date ,)	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/31/05	Contributor address: City: State: Zip Code 109 Woods Dr. Arlingtm, TX 76	(010	25,00	
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	

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SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
² FILERNAME LANA W. W.	3 ACCOUNT # (Ethics Commission filers)
3/3//6 Contributor address; City; State; Zip Code	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
Arlington, TX 760	-
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution description (if applicable)
3/31/03 HIS Jayce Arlington, TX	76010 100.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor, out-of-state PAC (ID#:_ Harold	Amount of contribution (\$) In-kind contribution description (if applicable)
3/31/05 2115 Preston Wood	Dr. 50.00 76012
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:_) Amount of contribution (\$) In-kind contribution description (if applicable)
4/4/05 Contributor address; City; State; Zip Code 524 L. Lamar B. Arlington, Tx	8/1/, STE 200 16011 /000.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#_ Sherry artusci	Amount of contribution (\$) In-kind contribution description (if applicable)
4/4/05 Contributor addréss: City: State: Zip Code 3507 Yacht Club Anlington JTX 76	Ct. 25.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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SCHEDULE A

The Instruction	Guide explains how to complete this form.		1 Total pages Sched	ule A:
2 FILER NAME	LANA W. U	JOLFF	3 ACCOUNT # (Ethic	cs Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#	er .	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/4/05	6 Contributor address; City; State; Zip Code 1112 Canterbury Dallas, TX 75	ct. 208	250,00	
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#:	70	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/4/05	Contributor address; City; State; Zip Code 1803 Oak Grove h Arling fon TX 76	013-3329	100.00	;
Principal occup	pation / Job title (See Instructions)	Employer (See Ins	structions)	
Date	Full name of contributor out-of-state PAC (ID#_Billie N. Farro		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/4/05	Contributor address; City; State; Zip Code 1731 Woods Dr, Arling fon, TX	76010	150,00	
Principal occu	pation / Job title (See Instructions)	Employer (See In:	structions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Mr5, R. C. Oct.n.C. Contributor address: City: State: Zip Code	an	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/5/05	1210 Brittary La	6013	100,00	 -
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date / /	Full name of contributor out-of-state PAC (ID#_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/5/05	Contributor address: City; State; Zip Code 7210 For est wind Arling fon, TX	1 cf. 16001	50,00	
Principal occu	upation / Job title (See Instructions)	Employer (See In	structions)	

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SCHEDULE A

The Instruction (Suide explains how to complete this form.	1	Total pages Sched	ule A:
FILER NAME	LANA W. WE	OLFF 3	ACCOUNT # (Eth	s Commission filers)
Date 5	Full name of contributor out-of-state PAC (ID#:	/	Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/5/05	1708 Norwood In	6013	25.00	
Principal occupa	tion / Job title (See Instructions)	10 Employer (See Instr	ructions)	
Date	Full name of contributor Out-of-state PAC (ID#:	free	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/7/05	Contributor address; City; State; Zip Code 2006 Long branch Arlington, TX	6012	25,00	
Principal occupa	tion / Job title (See Instructions)	Employer (See Instr	ructions)	
Date	Full name of contributor out-of-state PAC (ID#:	Ehrickel	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/7/05	Contributor address: City; State; Zip Code 1304 Canterbary Anling fon, TX 76	cf.	50.00	
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst	ructions)	
Date	Full name of contributor out-of-state PAC (ID#	10	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/7/05	Contributor address; City; State: Zip Code 1416 Country Clu Arling to 1	b Rd. 16013	25,00	
Principal occupa	ation / Job title (See Instructions)	Employer (See Inst	ructions)	
	Full name of contributor out-of-state PAC (ID#:)	Amount of contribution (\$)	In-kind contribution description (if applicable)
Date /	B. J. Hall			
Date 4/7/05	B. J. Hall Contributor address: City: State: Zip Code 6312 Lalen der Ron Arlington, TX 7	1.	100,00	 -

SCHEDULE A

OTTIER				
The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche	dule A:
2 FILER NAME	LANA W. WOLF.	F	3 ACCOUNT # (Eth	ics Commission filers)
4 Date 4/7/05	5 Full name of contributor Out-of-state PAC (ID#_ OCGUE/INE E. Ma. 6 Contributor address; City; State; Zip Code 294 Westwick Tex	roof	contribution (\$)	8 In-kind contribution description (if applicable)
77	Arlington, TX 7	6013	50,00	
9 Principal occup	pation / Job title (Sée Instructions)	10 Employer (See In	structions)	
Date /	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/7/05	Contributor address; City; State; Zip Code 707 Rosewood m Arling tm, TX 70		10,00	
Principal occur	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:	'wite Lovis	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/7/05	Contributor address; City; State; Zip Code 272 Westview Terr Arling fon, TX		100,00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:	Price	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/1/05	Contributor address; City; State; Zip Code 1908 Bever Blue Arling fon, TX	1. 76013	25.00	 -
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	sociation mittel	Amount of contribution (\$)	In-kind contribution description (if applicable)
1/7/05	P.O. BX 856 Arlington, TX760		500,00	
Principal occu	pation / Job title (See Instructions)	Employer (See li	nstructions)	

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SCHEDULE A

The Instruction	Guide explains how to complete this form.		1 Total pages Sched	Iule A:
2 FILER NAME	LANA W. WO	OLFF	3 ACCOUNT # (Ethi	cs Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_	<u></u>	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/7/05	6 Contributor address; City; State; Zip Code 60 / Horam Ar/ing/m, TX		100,00	
9 Principal occupa	ation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#_) amcs C-ribbs		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/8/05	Contributor address; City; State; Zip Code P. O. B. O. 13 060 Allins for TX		250.00	
Principal occup	ation / Job title (See Instructions)	Employer (See In	structions)	
Date / /	Full name of contributor out-of-state PAC (ID#:_	· · · · · · · · · · · · · · · · · · ·	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/8/05	Contributor address; City; State: Zip Code 2004 Aill Gunt Arling for , Tx	y Ct. 76012	50.00	
Principal occup	ation / Job title (See Instructions)	Employer (See Ir	estructions)	
Date	Full name of contributor out-of-state PAC (ID#.	, Jr,	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/8/05	2015 Wimbledon Arlington, Tx	Dr. 76017	50,00	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#) Charles Clawso	n	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/11/05	Contributor address: City: State: Zip Code 6219 Lake Richs Arling Am, Tx		100,00	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
		· · · · · · · · · · · · · · · · · · ·		

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SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILERNAME LANA W. Wo	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#:) 1 Dames E, John Se	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
4/11/05 6 Contributor address; City; State; Zip Code 804 Maggoner Dr. Arling Am, TX 76	013
9 Principal occupation / Job title (See Instructions)	10 Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	
4/11/05 Contributor address; City; State; Zip Code 2452 W I20 Arlins Am, TX 70	100,00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor Duyl-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
Contributor address; City; State, Zip Code, H/11/05 1001 M. Waldrop Dr. Arling ten, TX	76012 500,00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
	Amount of In-kind contribution contribution (\$) description (if applicable)
4/13/05 Contributor address; City: State: Zip Code 1/18/05 / Park Row Ct Arling for, TX 70	6013-3200
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
1/19/07 4/10 Surfside Ct Arlingtm, Tx 760	16-4/63 500,00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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SCHEDULE A

The Instruction (Guide explains how to complete this form.		1 Total pages Sched	ule A:
2 FILER NAME	LANA W. WOO	LFF	3 ACCOUNT # (Ethic	S Commission filers)
4 Date 5	Bob Mc Farlar	d	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
פטנדונד	Arlington, TX	76013	1000.00	
9 Principal occupa	tion / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#_ Roy B. Mc Doy	nald	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/14/05	Contributor address; City; State; Zip Code 1/24 Forrest Dr. Arlington, TX	76012	50,00	
Principal occupa	ation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:_)	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/18/05		Dr. 76010	25,00	
Principal occupa	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date /	Full name of contributor out-of-state PAC (ID#:	vinn	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/18/05	1003 W. Lovers	Ln. 76013	25.00	
Principal occupa	ation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#	sche	Amount of contribution (\$)	In-kind contribution description (if applicable)
4/18/05	Contributor address; City; State; Zip Code 2/12 W. D. VISION Arling Am, TX		100,00	
Principal occup	ation / Job title (See Instructions)	Employer (See I	nstructions)	
		<u> </u>		

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SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILERNAME LANA W. WOL	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
	13 500,00
9 Principal occupation / Job title (See Instructions) 10	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
4/18/05 Gontributor address; Gity; State; Zip Code 925 Meadow Oaks L Arlington, TX 760.	250.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor Out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable) 4432 JOO.00
Dallas, Tx 75219	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor TREME (ID#	Amount of In-kind contribution description (if applicable)
Austin, TX 78767.	Free layer (See least rations)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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(512) 463-5800

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

P.O. Box 12070

SCHEDULE A

		T	1 Total pages Scheo	tule A
The Instruction	Guide explains how to complete this form.		100	0210
2 FILER NAME	LANA W. Wo.	LFF	3 ACCOUNT # (Eth	cd Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Out-of-state PAC (ID#_ Haddad 6 Contributor address; City: State: Zip Code)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
4/24/05	2233 Avenue) Arlington, TX 76	1.006	500,00	
9 Principal occup	ation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date /	Full name of contributor out-of-state PAC (ID#:_ Randy E. Allen		Amount of contribution (\$)	In-kind contribution description (if applicable)
4/25/05	Contributor address; City; State; Zip Code 2506 West Chester Arling for TX 76	- Or,	50.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#_ Kay Kin S Contributør address; City; State; Zip Code H015 Shady Valle		Amount of contribution (\$)	In-kind contribution description (if applicable)
1/1/05	Arlington, Tx 1	6013	100,00	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)
Project	1803 lennyson D Arlington, TX 70	7, 6013	50,00	
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
	Contributor address; City; State; Zip Code		***	
Principal occu	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	

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POLITICAL EXPENDITURES SCHEDULE F Total pages Schedule F The Instruction Guide explains how to complete this form. 3 ACCOUNT # (Ethics Commission filers) 2 FILER NAME WOLFF Amount 4 Date Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· reauired.) Candidate / Officeholder name Office sought Office held Amount Payee name (\$) City; State; Zip Code Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Office sought Office held Candidate / Officeholder name Payee name Amount Date (\$) City; State; Zip Code Payee address; Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH ·· required.) Candidate / Officeholder name Office sought Office held **Amount** Payee name Date (\$) Payee address; City; State; Zip Code Purpose of payment (See instructions regarding type of information · Complete if direct expenditure to benefit C/OH · required.) Candidate / Officeholder name Office sought Office held ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070

CANDIDATE / OFFICEHOLDER **CAMPAIGN FINANCE REPORT**

FORM C/OH COVER SHEET PG 1

The C/OH INSTRUCTIO this form.	N Guide explains how to complete	1 ACCOUNT# (Ethics Commission filers)	2 Total pages filed:
3 CANDIDATE / OFFICEHOLDER	MS/MRS/MR FIRST LANA	W. MI	OFFICE USE ONLY
NAME	NICKNAME LAST - WOLFF	SUFFIX	Date Received
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	P.O. BOX 14374	CITY; STATE; ZIP CODE	Date Hand-delivered or Date Postmarked
5 CANDIDATE/ OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER (817) 274-5972	EXTENSION	Receipt # Amount
6 CAMPAIGN TREASURER NAME	MS/MRS/MR CHARLES NICKNAME LAST LEACH	SUFFIX M.D.	Date Imaged
7 CAMPAIGN TREASURER ADDRESS (Residence or business)	STREET ADDRESS (NO. PO BOX PLEASE); APT / SL 101 N. WALD ROI SUITE 615		TON, TX 76012
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER (817) 460-025	EXTENSION	
9 REPORTTYPE	January 15 30th day before election July 15 8th day before election		15th day after campaign treasurer appointment (officeholder only) Final report (Attach C/OH - FR)
10 PERIOD COVERED	Month Day Year THRO	OUGH $\mathcal{O}\mathcal{Z}/\mathcal{Z}$	Year 7 / 2005
11 ELECTION			General Special
12 OFFICE	CITY COUNCIL DIST	-5 13 OFFICE SOUGHT (if known of the control of the	encil DIST5
14 NOTICE OF DIRECT CAMPAIGN EXPENDITURE BY OTHER	Direct campaign expenditures are campaign exp Candidates are required to disclose this information Name	penditures made by others without the can only if they receive notification of the di	andidate's prior consent or approval. rect campaign expenditure. ••
INDIVIDUALS	Address / PO Box; Apt. / Suite #, City; State;	Zip Code	
	GO TO	PAGE 2	·

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

FORM C/OH COVER SHEET PG 2

15 C/OH NAME	ANA U). WOLFF	16 ACCOUNT # (Ethics Commission filers)		
17 NOTICE FROM POLITICAL	may have been mad	tice of political expenditures by political committees to support the candid e without the candidate's or officeholder's knowledge or consent. Candidat if they receive notice of such expenditures.	ate / officeholder. These expenditures es and officeholders are required to report		
COMMITTEE(S)	COMMITTEE TYPE	COMMITTEE NAME			
	GENERAL	COMMITTEE ADDRESS			
	SPECIFIC				
additional pages COMMITTEE CAMPAIGN TREASURER NAME					
		COMMITTEE CAMPAIGN TREASURER ADDRESS			
·					
18 CONTRIBUTION TOTALS		POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN ES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	s -o-		
		POLITICAL CONTRIBUTIONS R THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 11,945,00		
EXPENDITURE TOTALS			\$ — o —		
	4. TOTAI	POLITICAL EXPENDITURES	\$ _ 0 -		
CONTRIBUTION BALANCE		POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAPORTING PERIOD	\$ 12,165.67		
OUTSTANDING LOANTOTALS	1 407 0	PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THAY OF THE REPORTING PERIOD	s -o-		
19 AFFIDAVIT I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.					
AFFIX NOTARY STAM	P / SEALABRINE	Signature of Cand	idate or Officeholder		
Sworn to and subscri		the said Lana Wolff	_, this the day		
of April 2	20 <u>05</u> , to ce	ertify which, witness my hand and seal of office.	ouncil Assistant		
Signature of officer ac	ministering oath	Printed name of officer administering oath	itle of officer administering oath		

SCHEDULE A

OTHER THAN FLEDGES ON LOANS					
The Instruction Guide explains how to complete this form.			1 Total pages Sche	dule A:	
2 FILER NAME	LANA W. WOLF	F	3 ACCOUNT# (Eth	ics Commission filers)	
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Mr. & Mr. & Kelly Mc	Knight	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
3/14/85	6 Contributor address; City; State; Zip Code 3209 W. Su Ste H Ro Arling fm, TX 760		200,00		
9 Principal occup	pation / Job title (See Instructions)	10 Employer (See In	nstructions)		
Date /	Full name of contributor out-of-state PAC (ID#_ Sq//y and Bill Hopp	per	Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/14/05	Contributor address; City; State; Zip Code 3409 Viscount Arlington, TX 760		50,00		
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)		
Date	Full name of contributor out-of-state PAC (ID#.		Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/14/05	Contributor address; City; State; Zip Code 3307 Guntry Club Pantego, TX 76	<i> /) </i>	100.00	 	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date	Barbara H, Cas)	tano) Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/14/05	Contributor address: City: State: Zip Code 4003 Fairway Ct Arling Im, TX 76	(013	25,00	 	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)		
Date /	Full name of contributor out-of-state PAC (ID#:	zar	Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/14/05	Contributor address: City; State; Zip Code 1316 Ridge Wood Asling for, TX	Terr 76012	100.00	 	
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)		

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POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS

SCHEDULE A

1-800-325-8506

The Instruction Guide	explains how to complete this form.		1 Total pages Schedu	ile A: タンプ
2 FILER NAME	ANA W. WOLFF	-	3 ACCOUNT # (Ethic	s Commission filers)
Ar,	yll name of contributor out-of-state PAC (ID#_)	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/14/05 19	contributor address; City; State; Zip Code, 250 W. Pioncen Pa, 250 Arling the Arling the TX	hwa/	25.00	
9 Principal occupation	/ Job title (See Instructions)	10 Employer (See Ins	structions)	
	ynn and Peter Sca	, //	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/14/05 3	Contributor address; City; State; Zip Code	Ct. 006	100,00	
Principal occupation	/ Job title (See Instructions)	Employer (See In:	structions)	
	full name of contributor out-of-state PAC (ID#_	ler	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/14/05	Contributor address; City; State: Zip Code ROO Canton bury Cou Aving ton, TX 76		50,00	
Principal occupation	/ Job title (See Instructions)	Employer (See In	structions)	
	Full name of contributor Out-of-state PAC (ID#_ Nelvin and Candice	Le Blane, J.	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/14/05/2	Contributor address; City: State; Zip Code 3 15 0x Bow Ct. Arlington, TX 76	006	1000.00	
1,,	/ Job title (See Instructions)	Employer (See Ir	structions)	
Date I	Full name of contributor out-of-state PAC (ID#_	back	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/14/05	Contributor address: City: State: Zip Code 150/ Baldwin Acr	res Ct, 16001	100,00	
Principal occupation	/ Job title (See Instructions)	Employer (See Ir	nstructions)	
		<u> </u>		***************************************

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SCHEDULE A

		Total sacra Sabad	lule A:
The Instruction Guide explains how to complete this form.	1	Total pages Sched	- /
FILERNAME LANA W. WOLA	=F 3	ACCOUNT # (Ethi	cs Commission filers)
Date 5 Full name of contributor out-of-state PAC (ID#_	/1 -	Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/14/05 6 Contributor address: City; State; Zip Code 1839 Cedar Elm Aslington, TX 760	Dr. 12	25,00	
Principal occupation / Job title (See Instructions)	10 Employer (See Inst	ructions)	
	rang	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: Zip Code 200 Shady View Arlington, TX 76	Ct 6013	50,00	
Principal occupation / Job title (See Instructions)	Employer (See Inst	ructions)	,
	curre /	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address City: State: Zip Code 1809 Kings borow	gh Or.	25,00	 -
Principal occupation / Job title (See Instructions)	Employer (See Ins	tructions)	<u> </u>
Date Full name of contributor, Out-of-state PAC (ID#:_	<u></u>	A	
Karen ad Or. Rodger	Groves	Amount of contribution (\$)	In-kind contribution description (if applicable)
Karen and Or. Rodger Contributor address: City; State: Zip Code 3508 Sunset Ln	. —		
Karen and Or. Rodger Contributor address: City; State: Zip Code 3508 Sunset Ln		25.00	
Contributor address: City: State: Zip Code 3508 Sanset Ln Arlington TX Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state PAC (ID#: Harley Bixler	76016	25.00	description (if applicable)
Karen and Or. Rodger Contributor address; City; State: Zip Code 3508 Sunset Ln Arlington, TX Principal occupation / Job title (See Instructions)	76016	contribution (\$) 25.00 tructions)	description (if applicable)

SCHEDULE A

The Instruction	GUIDE explains how to complete this form.		1 Total pages Sche	dule A: B 21
2 FILER NAME	LANA W. W	OLFF	3 ACCOUNT # (EIR	ics Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#_ Jim and Tevesa Wa	gnon	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/14/05	6 Contributor address; City; State; Zip Code - 10 Courtney Ct, Arlington, TX 76	6015	500,00	
9 Principal occup	nation / Job title (See Instructions)	10 Employer (See In	istructions)	
Date /	Full name of contributor out-of-state PAC (ID#_ Colonn and Sara Tro	To Title of the second and a	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/14/05	Contributor address; City: State: Zip.Code 3600 Yacht Club C Allington, TX76	016	250,00	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	structions)	
Date	Full name of contributor out-of-state PAC (ID#:_		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/15/05	Contributor address; City; State; Zip Code 1308 (Youn hill C Arling fon, TX 7	Ct,	25,00	
Principal occup	pation / Job title (See Instructions)	Employer (See In	nstructions)	
Date	Full name of contributor Qout-of-state PAC (ID#) Herbert and Billic M	Cauley	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/15/05	Contributor address; City; State; Zip Code 1401 Findlay Dr; Arlington, TX 760		100.00	
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date /	Full name of contributor Out-of-state PAC (ID#)	nackley	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/15/05	Contributor address; City; State; Zip Code 1901 E1 Loop 876 Fort Worth, TX	5 76/12	50,00	
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	

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SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILER NAME LANA W. WOL	3 ACCOUNT # (Ethics Commission filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#: Phillip and Martha Sta	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
3/15/05 6 Contributor address; City; State; Zip Code 2300 Beffy Ct, Arlington, TX 7601	25.00
9 Principal occupation / Job title (See Instructions) 10 Er	nployer (See Instructions)
Date Full name of contributorout-of-state PAC, (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
3/15/05 Sol Findlay Dr. Arling Im, TX 7601	12 50,00
Principal occupation / Job title (See Instructions)	nployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
3/15/05 Contributor address: City: State: Zip Code 3/15/05 22/4 Park Springs ! Arlington, TX 760/	3/vd. 100.00
Principal occupation / Job title (See Instructions)	mployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
3/15/05 P.O. Box 580 Arlington, TX 7600	4 200,00
Principal occupation / Job title (See Instructions)	mployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
3/15/05 Contributor address; City; State; Zip Code 12/55 Bus. Howy 287 N Fort Worth, TX 76/	79 100,00
Principal occupation / Job title (See Instructions)	mployer (See Instructions)

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Texas Ethics Commission P.O. Box 12070 Austin, Texas 78711-2070 (512) 463-5800 POLITICAL CONTRIBUTIONS SCHEDULE A OTHER THAN PLEDGES OR LOANS Total pages Schedule A: The Instruction Guide explains how to complete this form. WOLFF ACCOUNT # (Ethics Commission filers) 2 FILER NAME Date Amount of In-kind contribution Qut-of-state PAC (ID#: contribution (\$) description (if applicable) 00,00 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions) Amount of In-kind contribution Date contribution (\$) description (if applicable)

50,00 Employer (See Instructions) Principal occupation / Job title (See Instructions)

Amount of In-kind contribution Date contribution (\$) description (if applicable) 50,00

Principal occupation / Job title (See Instructions) Employer (See Instructions)

Amount of In-kind contribution Date contribution (\$) description (if applicable)

Principal occupation / Job title (See Instructions) Employer (See Instructions)

In-kind contribution Full name of contributor Out-of-state, PAC (ID# Amount of Date contribution (\$) description (if applicable)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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Texas Ethics Commission P.O. Box 12070 Austin, Texas	78711-2070 (512) 463-5800 1-800-325-8506
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	SCHEDULE A
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILERNAME LANA W. WOLFF	3 ACCOUNT # (Edics Commission filers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#: Nobert and) adi #2 John	7 Amount of contribution (\$) description (if applicable)
3/15/05 6 Contributor address; City: State: Zip Code DLV Ashing for, TX 7601-	150,00
9 Principal occupation / Job title (See Instructions) 10 Em	ployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
3/15/55 Contributor address; City; State; Zip Code P. O. BOX 1/6 Arling for, TX 7600	14 100.00
Principal occupation / Job title (See Instructions) En	ployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution contribution (\$) description (if applicable)
3/15/05 Contributor address; City; State; Zip Code 1807 Hill Valley Dr, Arling for, TX 76013	100,00
Principal occupation / Job title (See Instructions)	nployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution description (if applicable)
3/15/05 HOT BUILDY Rd, Avington, TX 76006	250.00
17.7.	nployer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
3/15/05 Contributor address; City: State: Zip Code 3711 Karalyn Cf. A-lington TX 7601	100.00
Principal occupation / Job title (See Instructions)	nployer (See Instructions)

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SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:
2 FILERNAME LANA W. We	3 ACCOUNT # (Ethic Commission filers)
4 Date 5 Full name of contributor out-of-state PAC (ID#	7 Amount of 8 In-kind contribution contribution (\$) description (if applicable)
3/18/05 6 Contributor address: City: State: Zip Code 430 4 Woodh; 11 7 760	25.00
9 Principal occupation / Job title (See Instructions)	0 Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of In-kind contribution contribution (\$) description (if applicable)
3/18/05 Contributor address: City: State: Zip Code,	9 500,00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#	Amount of contribution (\$) In-kind contribution description (if applicable)
3/18/05 Contributor address; City: State; Zip Code 43/1 Solitude Ct. Arling ton, TX 76	50,00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of In-kind contribution description (if applicable)
3/18/05 4/5, NEIm 5t	76011 75.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Date Full name of contributor out-of-state PAC (ID#:	Amount of contribution (\$) In-kind contribution description (if applicable)
3/8/05 2482 Hunter PL Arlington, TX 76	Ln. N 50,00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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SCHEDULE A

The Instruction	Guide explains how to complete this form.		1 Total pages Sched	ule A:
2 FILER NAME	LANA W. WO	LFF	3 ACCOUNT # (Ethio	s Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#:_		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/18/05	6 Contributor address; City; State; Zip Code 1403 Chub View Ci Arling ton, TX 76	4, 1813	10,00	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In:	structions)	
Date /	Full name of contributor out-of-state PAC (ID#:_ John and Suzanne	Hebert	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/21/05	Contributor address; City; State; Zip Code 1706 Larks pur h Arling ton, TX 7	0r, 16013	10,00	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#:_ Rerry New Mark Contributor address; City; State; Zip Code)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/21/05	Arlington, TX	54. 76010	25,00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributor out-of-state PAC (ID#_ 5tephen B. Moo.	dy	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/21/05	Contributor address; City: State: Zip Code 2315 Clover dale 57 Arlington, TX 760	7. 010	25,00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	estructions)	
Date		ris	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/21/05	Contributor address; City: State: Zip Code 1200 South wood B Arling fon, TX 7	8/vd 6013	25,00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	nstructions)	

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POLITICAL CONTRIBUTIONS

SCHEDULE A

OTHER	THAN PLEDGES OR LOANS	5		
The Instruction	Gube explains how to complete this form.		1 Total pages Sched	ule A:
2 FILER NAME	LANA W. WOL	LFF	3 ACCOUNT # (Ethic	s Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#)	Dodson	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/21/05		16010	25.00	
9 Principal occur	pation / Job title (See Instructions)	10 Employer (See In	structions)	an ann an Airm an an Airm an an Airm an an Airm
Date /	Full name of contributor out-of-state PAC (ID#)	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/21/05	Contributor address: City: State; Zip Code 50/51 Fielder Arling for 178	6013	100.00	
Principal occup	pation / Job title (See Instructions)	Employer (See In	structions)	
Date /	J, E, and Joyce Jou.	rney	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/21/05	Contributor address; City: State: Zip Code 1609 W Lovers Ln Arling fan TX	76013	25,00	
Principal occu	pation / Job title (See instructions)	Employer (See In	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#_ Stephen and Gracia		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/21/05	Contributor address: City: State: Zip Code 137 Parkwood AVE Arlington, TX 760	_	75.00	
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Out-of-state PAC (10*)		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/21/05	Contributor address: City. State: Zid Code 1202 W Lavender Arlington, TX 70	Ln,	25.00	
1	11. 1.1.	Employer (See		

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POLITICAL CONTRIBUTIONS

SCHEDULE A

OTHER	THAN PLEDGES OR LOAN	S 		
The Instruction	Guide explains how to complete this form.		1 Total pages Sched	ule A: B Z/
2 FILER NAME	LANA W. W	OLFF	3 ACCOUNT # (Ethic	s Commission filers)
4 Date	5 Full name of contributor Out-of-state PAC (ID)	_	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/21/05	6 Contributor address: City: State; Zip Code 1106 Green brian Arling fon, TX	76013	50,00	
g Principal occup	ation / Job title (See (nstructions)	10 Employer (See In	structions)	
Date	Full name of contributor Out-of-state PAC (ID# YVONNE and Stephe	in Callowa	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/21/05	Contributor address; City; State: Zip Code HOUS Shady Creck A //cy V;//e, TX	km. 76034	100,00	
Principal occup	ation / Job title (See Instructions)	Employer (See In	istructions)	
Date	Full name of contributor Joyl-of-state PAC (IDS:	Pierson	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/21/05	Contributor address; City: / State: Zip Code 2/17 5 La dow Ri Arling ton, Tx	16006	100,00	
Principal occur	pation / Job title (See instructions)	Employer (See in	nstructions)	
Date 2	Full name of contributor	Alexander	Amount of contribution (\$)	In-kind contribution description (if applicable)
0/21/05	Contributor address: City: State: Zip Cod 3506 Sheffield Aling ton, TX	CF. 76013	25,00	
Principal occup	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor Cut-of-state PAC (ICA), Sam and Linda S	cott	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/21/05	Contributor address, City; State; Zip Coo. 3700 Cross Benef. Arlington, TX	Dr. 760/6	75,00	
Principal occu	pation / Job title (See Instructions)	Employer (See	Instructions)	
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Employer (See Instructions) Principal occupation / Job title (See Instructions)

POLITICAL CONTRIBUTIONS

SCHEDULE A

The Instruction	Guide explains how to complete this form.		1 Total pages Scher	dule A: D 21
FILER NAME	LANA W. WO	LFF	3 ACCOUNT # (EM	cs Commission filers)
Date /	5 Full name of contributor Out-of-state PAC (ID#)	/ Z	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
12/05		E 323	1000,00	
Principal occup	ation / Job title (See instructions)	10 Employer (See In	nstructions)	
Date	Full name of contributor Cout-of-state PAC (IO#		Amount of contribution (\$)	In-kind contribution description (if applicable)
122/05	Contributor address: City; State: Zip Code 1201 W. Green Car Ar ling Am. TX 7	ts Blud	50.00	
Principal occup	pation / Job title (See Instructions)	Employer (See Ir	nstructions)	
Date	Full name of contributor Dout-of-state PAC (ID#)	2//	Amount of contribution (\$)	In-kind contribution description (if applicable
3/22/05	Contributor address: City: State: Zip Code 1601 Freeman Ci Arlington, TX	76013	25,00	
Principal occup	pation / Job title (See Instructions)	Employer (See II	nstructions)	
Date	Full name of contributor gut-of-state PAC (10#	wet Klea	Amount of contribution (\$)	In-kind contribution description (if applicable
3/22/05	Contributor address: City: State: Zig Code 2/10. Briar wood		25,00	
Principal occu	pation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of contributor out-of-state PAC, 1994	pard	Amount of cantribution (\$)	In-kind contribution description (if applicable
/ /	Contributor address: City, State: Zip Cod		50.00	! !
3/02/05	5606 Hunterwood	76017	70,00	

Texas Etnics Commission

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form	ı.	1 Total pages Sched	Jule A: 2 2/
FILERNAME LANA W.	WOLFF	3 ACCOUNT # (Eth	cs Commission filers)
Date 5 Full name of contributor out-of-state 5, W, and Jo Dale	Lester	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
6 Contributor address: City. State: 21/2 Lakeview Arlington, TX		100,00	
Principal occupation / Job title (See Instructions)	10 Employer (See In	structions)	
Date Full name of contributor Cout-of-state Contributor address: City: State:	PAC (ID#) U b b Zip Code	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address: City: State: 1033 Lynda Arling from 17	2n, × 7603	25.00	
Principal occupation / Job title (See Instructions)	Employer (See Ir	structions)	
1 1 3,6, Luke		Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City. State; Prington, T.		100,00	
Principal occupation / Job title (See Instructions)	Employer (See II	nstructions)	
Linda Misen.	te PAC (IDW:	Amount of contribution (\$)	In-kind contribution description (if applicable
	himer Zip Code		
Linda Misen. Contributor address: City: State:	himer Zip Code	50,00	
Contributor address: City: State: 1404 ClubVid Principal occupation / Job title (See Instructions) Date Full name of contributor out-of-state: Tracey and Contributor	Finer Zip Code EW CF 76013 Employer (See) THE PAC (ID#	50,00	description (if applicable)
Contributor address: City: State: 1404 Clubvid Arlington, Tx Principal occupation / Job title (See Instructions)	himer Zip Code EW CF 76013 Employer (See)	contribution (\$) 50,00 Instructions)	description (if applicable)

SCHEDULE A

The Instruction Guide explains how to complete this form.	1 Total pages Schedule A: 15 07 21
2 FILERNAME LANA W. WOLF	3 ACCOUNT # (Etnes Commission filers)
4 Date 5 Full name of contributor aut-of-state PAC (ID#:	7 Amount of contribution (\$) 8 In-kind contribution description (if applicable)
Arlington, TX 76012	100.00
9 Principal occupation / Job title (See Instructions) 10 En	nployer (See Instructions)
Date Full name of contributor Cout-of-state PAC (ID#)	Amount of in-kind contribution contribution (\$) description (if applicable)
3/3/05 2607 Park Run Dr, Arling ton, TX 760	16 25.00
Principal occupation / Job title (See Instructions)	nployer (See Instructions)
Date Full name of contributor out-of-state PAC (IDS:	Amount of contribution (\$) In-kind contribution description (if applicable)
3/23/05 8463 Sunta Clara 1)	Pr. 500,00
	mployer (See Instructions)
Date Full name of contributor Dout-of-state PAC (IDM: Carles and Doris Turni Contributor address: City State: Zip Code	Amount of contribution (\$) Amount of contribution (\$) Amount of contribution (\$)
3/3/00 515 Harmon Terr	
Principal occupation / Job title (See Instructions)	mployer (See Instructions)
Date Full name of contributor Journal of Con	Amount of tn-kind contribution contribution (\$) description (if applicable)
3/23/05 Contributor address, City. State: Zip Code 3/23/05 2/01 Laura La Arling ton, TX 76	00 25.00
Principal occupation / Job title (See Instructions)	Employer (See Instructions)

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SCHEDULE A

The Instruction Guide explains how to complete this form. 2 FILER NAME LANA W. WOLFF 4 Date 5 Full name of contributor out-of-state FIAC (ID#-	3 ACCOUNT # (Extino	s Commission filers) 8
2 Date 5 Full name of contributor out-of-state BAC (10#	7 Amount of contribution (\$)	8 In-kind contribution
2/23/05 1869 Woods Dr, Arlington, TX 76010	contribution (\$)	
2/19/05 1809 Woods Dr. Arlington, TX 76010	100,00	
Principal occupation / Job title (See Instructions) 10 Employer (See		
	Instructions)	
Date Full name of contributor cut-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/13/05 P.O. BOX 547 Alington, TX 76004	50.00	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)	
Date Full name of contributor Out-cf-state PAC (ID#	_) Amount of contribution (\$)	In-kind contribution description (if applicable)
3/23/05 2800 California Las Arlington Tt 76015	50,00	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)	
Date Full name of contributor Dut-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/3/05 5612 Dye Dri Arling fon Tx 76013	50,00	
Principal occupation / Job title (See Instructions) Employer (See	Instructions)	
Date Full name of contributor Out-of-state PAC (ID#	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/33/05 1/0 Parkview Dr. Arling for 17x 76010	35,00	
Principal occupation / Job title (See Instructions) Employer (See	e instructions)	

SCHEDULE A

(512) 463-5800

The Instruction	GUIDE explains how to complete this form.		1 Total pages Sched	ule A: 22
2 FILER NAME	LANA W. W.	OLFF	3 ACCOUNT # (ETN	cs Commission filers)
4 Date	5 Full name of contributor out-of-state PAC (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)
3/23/05	216 E. Abram Arlington, TX 7	6010	50,00	AL SALAMAN AND AND AND AND AND AND AND AND AND A
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See in	structions)	
Date	Full name of contributor out-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
7/04/05	Arlington, TX	rk Dr. 76013	25.00	
Principal occu	pation / Job title (See Instructions)	Employer (See In	structions)	
Date	Full name of contributoraut-of-state PAC (ID#		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/24/09	Contributor address: City: State: Zip Code 2008 Rum Son Dr Arlins fon TX	76006	40.00	1
Principal occu	upation / Job title (See Instructions)	Employer (See In	nstructions)	
Date /	Full name of contributor Out-of-state PAC (ID#:	Ne Kelva	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/24/05	412 S. Fielder	16013	25,00	
Principal occ	upation / Job title (See Instructions)	Employer (See t	nstructions)	
Date	Full name of contributor Cut-of-state PAC (ID#_	Daley	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/2409	Contributor address: City: State: Zip Code 9/2 Crowley Re Arling fon TX	16012	50.00	
Principal occ	cupation / Job title (See Instructions)	Employer (See	instructions)	

SCHEDULE A

The Instruction	N Guide explains how to complete this form.		1 Total pages Sched	ule A: R 21
2 FILER NAME	LANA W. W	OLFF	3 ACCOUNT # (Ethic	Commission filers)
4 Date	5 Full name of contributor cut-of-state PAC (ID#_ CalCV Cand Contributor 6 Contributor address; City, State: Zip Code	n Praneze	contribution (\$)	8 In-kind contribution description (if applicable)
3/24/65	Arlington, TX	76016	50,00	
9 Principal occu	pation / Job title (See Instructions)	10 Employer (See In	structions)	
Date	Full name of contributor Cout-of-state PAC (ID#_ Contributor address; City: State; Zip Code		Amount of contribution (\$)	In-kind contribution description (if applicable)
3/24/05	Arling Im, TX	76013	50,00	
Principal occu	upation / Job title (See/Instructions)	Employer (See In	structions)	
Date	Full name of contributorout-of-state PAC (ID#_	coskie	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/24/05	Contributor address: City: State; Zip Code 1409 Wood bine	ct, 76012	250,00	
Principal occi	upation / Job title (See Instructions)	Employer (See in	nstructions)	
Date	Full name of contributor out-of-state PAC (ID#:	14/11	Amount of contribution (\$)	In-kind contribution description (if applicable)
3/24/05	Contributor address City: State; Zip Code 3-307 Wood Ch Alload TX	11 Ct, 76012	100,00	
Principal occ	upation / Job title (See Instructions)	Employer (See I	nstructions)	
Date	Full name of centributor out-of-state PAC (IDE) Construct of Contributor Out-of-state PAC (IDE) Contributor address: City: State: Zip Code	milton) Amount of contribution (\$)	In-kind contribution description (if applicable)
3/24/0	1816 Edna St. Arlington, TX	76010	25,00	
Principal occ	supation / Job title (See Instructions)	Employer (See I	natructions)	

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Texas Ethics Com	mission P.O. Box 12070 Austin,	Texas 78711-2070	(512) 463-	5800 1-800-325-8506	
POLITIC	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS	}		SCHEDULE A	
The Instruction Guide explains how to complete this form.		1 Total pages Schedule A:			
2 FILER NAME	LANA W. WOL	FF	3 ACCOUNT # (Ethic	s Commission filers)	
4 Date	5 Full name of contributor Out-of-state PAG (ID#		7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)	
3/25/15	6 Contributor address, City, State: Zip Code P. O. Box 12012	3_ ;	200,00		
9 Principal occu	pation / Job title (See Instructions)	760/) 10 Employer (See In:			
Date	Full name of contributor cul-of-state PAC (ID#:	Wyer	Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/25/05	Contributor address; City: State: Zip Code	16013	50,00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Fuil name of contributor out-of-state PAC (ID#:		Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/5/05	Contributor address; City: State; Zip Code 2919 Channing for	1 / n	50.00		
Principal occupation / Job title (See Instructions) Employer (See Instructions)					
Date	Full name of contributor Out-of-state PAC (ID#_	e Lam	Amount of contribution (\$)	In-kind contribution description (if applicable)	
9/25/09	Contributor address: City: State: Zip Gode	16012	250,00		
Principal occu	upation / Job title (See Instructions)	Employer (See II	nstructions)		
Date	Full name of contributor out-of-state PAC (1D#) Walter R, Cl.	ements	Amount of contribution (\$)	In-kind contribution description (if applicable)	
3/25/03	Contributor address: City: State: Zip Code	76010	100.00		
Principal occ	upation / Job title (See Instructions)	Employer (See I	nstructions)		

exas Ethics Com	mission P.O. Box 12070 Austin	Texas 78711-2070) (512) 463-	.5800 1-800-325-8506		
POLITIC	CAL CONTRIBUTIONS THAN PLEDGES OR LOANS			SCHEDULE A		
The Instruction Guids explains how to complete this form.			1 Total pages Schedule A:			
2 FILER NAME	LANA W. WOO	LFF	3 ACCOUNT # (EIG	cs Commission filers)		
4 Date	5 Full name of contributor Out-of-state PAC (ID#	nan	7 Amount of contribution (\$)	8 In-kind contribution description (if applicable)		
3/25/05	6 Contributor address: City: State: Zip Code 11045, Thorn bush Arling fan, TX	76013	50,00			
9 Principal occupation / Job title (See Instructions) 10 Employer (See Instructions)						
Date /	Full name of contributor Dut-of-state PAC (IDE)	K	Amount of contribution (\$)	In-kind contribution description (if applicable)		
3/25/05	Contributor address; City: State: Zip Code 5912 Mass Dr. Arlington, TX	76016	100.60			
Principal occu	pation / Job title (See Instructions)	Employer (See In	astructions)			
3/22/05	Full name of contributor out-of-state PAC (IDS:	ney ck 0,5	Amount of contribution (\$)	In-kind contribution description (if applicable)		
Principal occu	pation / Job title (See Instructions)	Employer (See II	nstructions)			
3/28/05	Full name of contributor [: out-of-state PAC (104] Contributor address; City; State; Zip Cadde 1803 - B W Park Aline 4m, TX	15 cm RNU 76013	Amount of contribution (\$)	in-kind contribution description (if applicable)		
Principal occu	upation / Job title (See Instructions)	Employer (See I	nstructions)			
3/28/55	Full name of contributor out-of-state PAC (ID#	Foster y Dr, 1603	Amount of contribution (\$)	in-kind contribution description (if applicable)		
Principal occu	upation / Job title (See Instructions)	Employer (See I	nstructions)			

Texas Ethics Commission P.C. Box 12070 Austin, Texas	as 78711-2070 (512) 463-5800	1-800-325-8506
POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS	sch	EDULE A
	1 Total pages Schedule A:	
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A:	/
2 FILERNAME LANA W. WOL,	3 ACCOUNT # (Ethics Commission	ilers)
4 Date 5 Full name of contributor Out-of-state PAC (ID#		d contribution on (if applicable)
3/28/05 3004 Iron Stone C Av ling fon, TX760	500,00	
9 Principal occupation / Job title (See Instructions) 10	Employer (See Instructions)	
Date Full name of contributor. out-of-state PAC (ID#:		d contribution on (if applicable)
3/105450 Shady Valley	Dr, 50,00	
	Employer (See Instructions)	
	Amount of In-kir	nd contribution
Date Full name of contributor Out-of-state PAC (10%) Self	contribution (\$) descript	ion (if applicable)
Principal occupation / Job title (See Justructions)	Employer (See Instructions)	
Date Full name of contributor Governstate PAC (IDA)	11110011101	nd contribution tion (if applicable)
3/38/05 1024 Club House N Marsfield, TX7	100,00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
Date Full name of contributor Out-of-state PAC (IDE)		nd contribution tion (if applicable)
3/29/35 Contributor address; City; State: Zip Code 3/29/35 125 E. Front St.	25.00	
Principal occupation / Job title (See Instructions)	Employer (See Instructions)	
ATTACH ADDITIONAL COPIES O If contributor is out-of-state PAC, please see instructi		rements.